

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22583

**Entity Name:** CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #200  
BOCA RATON, FL 33432**Current Mailing Address:**C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #200  
BOCA RATON, FL 33432 US**FEI Number:** 65-0036804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELFAND, MICHAEL JESQ  
REGIONS FINANCIAL TOWER STE 1220  
1555 PALM BEACH LAKES BLVD  
W PALM BEACH, FL 33401-2329 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	LEVIN, NAUMA
Address	3999 NW 58TH PLACE
City-State-Zip:	BOCA RATON FL 33496

Title	PRESIDENT
Name	LACKOWITZ, JEFFREY
Address	5746 NW 39TH AVE
City-State-Zip:	BOCA RATON FL 33496

Title	TREASURER
Name	NARDONE, LINDA
Address	3951 NW 58TH PL
City-State-Zip:	BOCA RATON FL 33496

Title	SECRETARY
Name	MELTZER, SUSAN
Address	4014 NW 58TH STREET
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	SANDBURG, MICHAEL
Address	5792 NW 39TH WAY
City-State-Zip:	BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY LACKOWITZ**PRESIDENT****05/13/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date